

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hwl</i>	<i>68904</i>	<i>4/14/00</i>
O.I.P.E. CLASSIFIER		<i>11435</i>	<i>4/21/00</i>
FORMALITY REVIEW			<i>6/29/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date											
Final	Original											
1	01/04											
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6		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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